



**Commonwealth of Massachusetts
Health Care Quality and Cost Council
Two Boylston Street, 5th floor
Boston, MA 02116**

DEVAL L. PATRICK
Governor

TIMOTHY P. MURRAY
Lieutenant Governor

617-988-3360 • Fax 617-727-7662 • TTY 617-988-3175
www.mass.gov/healthcare

JUDYANN BIGBY, M.D.
Chair

KATHARINE LONDON
Executive Director

**Chronic Care & Prevention Committee
Meeting Minutes**

Thursday, December 6, 2007

10:00 – 11:30 p.m

Office of the State Auditor

One Ashburton 18th floor, Room 1819
Boston, MA

Council Members Present: Kenneth LaBresh (*chair*), Kevin Beagan, Beth Capstick, Katharine London, and Robert Seifert

Kenneth LaBresh called the Meeting to order at 10:05pm

I. Approval of Minutes of Committee Meeting November 21, 2007

The Committee approved the minutes from its November 21, 2007 meeting.

II. Discussion of recommendation to implement and coordinate disease management program in Massachusetts for patients with chronic conditions, beginning with heart failure, diabetes, asthma, and perhaps associated depression.

- The Committee reviewed and discussed previous recommendations for implementing and coordinating disease management programs in Massachusetts. The committee expressed great interest in moving forward with two of the proposed recommendations that support the implementation and coordination of disease management programs in Massachusetts for patients with chronic conditions.

Coordinating disease management programs across plans. The committee discussed working with best practices in this area to coordinate and implement a model program that can work affectively across plans.

Coordinating and supporting office redesign programs. There are many disease management programs that work directly with patients, however, there are currently no programs that work with providers and the medical team to make sure hospitals are actively participating in disease management efforts. A redesigned program will work with plans to develop a program that includes hospitals in disease management.

- The Committee discussed the Council's role in the redesign of programs and concluded that there should be more conversation around the Council's role in this effort.

- Committee also discussed the lack of evidence and research in the area of disease management. There is currently not a great deal of evidence that these sort of programs work. The committee proposed looking into counter arguments in moving forward.
- Committee reviewed and discussed the “Vermont Blue Print for Health” which gives an overview of the long term affects of disease management programs on patient health and cost of health care. Committee conclude that the document will be very helpful in setting concrete recommendations with respect to disease management programs. The Blueprint involves a new collaborative approach to improving health and health care for people living with life-long illnesses such as diabetes, asthma and cardiovascular disease. It looks at very specific recommendations and steps (*The Chronic Care Model*) in improving disease management programs.
- Committee requests that someone from Vermont be invited to present on Vermont’s Blueprint for Health in one of the Councils upcoming meetings.
- The Committee reviewed “*The Chronic Care Model*” slides and focused particularly on slide #8 which identifies areas where change must take place in an effort to improve disease management programs. Reviews of interventions in several condition show that effective practice changes are similar across conditions. The Fundamental practice change listed includes:
 - Influencing, Physician behavior*
 - Better use of non-physician team member*
 - Enhancements to information systems*
 - Planned encounters*
 - Modern self-management support and*
 - Care management for high risk patient*
- The Committee discussed “*The Chronic Care Model*” recommendations and plan to look closely at each recommendation in moving forward.

III. Discussion of recommended steps required to achieve the goal, by who, by when, estimated cost of implementation, potential savings, potential benefit to the population, effect on racial and ethnic disparities, and methods of tracking progress.

- The Committee discussed the interest in identifying best practices in this area and proposed that members think about organizations and individuals who could bring insight to this topic.
- Committee recommends that the Council be the driving force in this effort. To develop and coordinate a model disease management program that is systemically identical across plans and includes hospitals.
- The Committee designated Katharine London to work on the recommendations listed in the “Blue Print Vision” section of the “Vermont Blue Print for Health” document, and edit

language to reflect the committees focus. Committee asks that Katharine circulate the draft document to Committee members via email for approval.

- The Committee discussed the need to include a budget plan with all of its recommendations to the Council. Committee members agree that it will be important to present cost data as it relates to Massachusetts disease management program. Heather Campbell offered to share the Milken Institute study which gives a cost breakdown of Massachusetts's disease management programs. Katharine will share the study with DPH and get feedback before the Committee proceeds in this effort.
- The Council discussed Registries and its functionality. Plans currently have registry programs that do not cross over to other plans. The Committee expresses interest in learning more about the functionality of registries and developing a program that would include additional functions not currently being used. Due to the percentage of people already enrolled in Registries, Committee discussed the possibility of just supporting the effort rather than leading it.

IV. Next Steps

- Katharine London will finalize the language in the recommendations and email the document to committee members for review.
- Heather Campbell will email to members the Milken study for review.
- Kenneth Labresh will draft a paragraph explaining "why we should" to be included in the recommendations to the Council.